

By:

Madda, Zaffini

S.B. No. 1001

A BILL TO BE ENTITLED

AN ACT

relating to the provision of health care in medically underserved communities.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. (a) In this Act, "medically underserved community" means a community that:

(1) is located in a county with a population of 50,000 or less;

(2) has been designated under state or federal law as a health professional shortage area; or

(3) has been designated as a medically underserved community by the Department of State Health Services.

(b) The Statewide Health Coordinating Council in conjunction with Area Health Education Centers shall study the health care delivery system in five geographically diverse medically underserved communities of the state who request to be part of the study. At least one of the communities should be an urban area. As part of the study the department shall:

(1) identify the ways in which non-physician health care providers are being used to supplement the provision of health care services in medically underserved communities;

(2) determine which medically underserved communities of the state have been successful and unsuccessful in recruiting and retaining physicians to practice in the community;

1 (3) identify the non-physician health care providers
2 who could, within the scope of the health care providers' license,
3 certification, or registration, supplement the provision of health
4 care services in medically underserved communities;

5 (4) examine whether alternative supervision of
6 non-physician health care providers or delivery of services by
7 non-physician health care providers in nontraditional settings
8 would provide a benefit in the delivery of health care services in
9 medically underserved communities;

10 (5) examine whether each community is medically
11 underserved as a result of a shortage of providers, a shortage of
12 appropriate health care facilities, or both; and

13 (6) evaluate the measures each medically underserved
14 community has taken to resolve the health professional shortage in
15 the community, determine whether those measures have been
16 successful in reducing the shortage, and identify innovative
17 solutions that should be replicated.

18 (c) In performing the study under Subsection (b) of this
19 section, the Department of State Health Services shall consult with
20 a variety of the health care practitioners in medically underserved
21 communities, including emergency medical service providers,
22 physicians, rural hospitals, rural health clinics, and family
23 planning clinics.

24 (d) The department shall seek the participation of, and
25 consult with, representatives of each medically underserved
26 community in the study to develop ways the community can improve the
27 delivery of health care services.

1 (e) Not later than January 1, 2007, the Department of State
2 Health Services shall report the results of the study conducted
3 under this section in writing to the lieutenant governor, the
4 speaker of the house of representatives, and the members and
5 members-elect of the 80th Legislature. The report must include any
6 proposed legislation the department, through this study,
7 determines will facilitate the improvement of the delivery of
8 health care in medically underserved communities.

9 (f) This Act expires September 1, 2007.

10 SECTION 2. This Act takes effect September 1, 2005.

BILL ANALYSIS

Senate Research Center
79R5556 MCK-D

S.B. 1001
By: Madla
Health and Human Services
3/31/2005
As Filed

AUTHOR'S/SPONSOR'S STATEMENT OF INTENT

Residents of medically underserved communities lack access to adequate healthcare. Lack of appropriate healthcare leads to increased severity of medical conditions and increased costs for medical treatment.

As proposed, S.B. 1001 requires the Statewide Health Coordinating Council at the Department of State Health Services (DSHS), in conjunction with Area Health Education Centers (AHECs) to examine five willing and diverse communities. This effort is a one time project that requires DSHS to report potential legislation that will improve access to healthcare services in underserved communities.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. (a) Defines "medically underserved community."

(b) Requires the Statewide Health Coordinating Council in conjunction with area health education centers to study the health care delivery system in five geographically diverse medically underserved communities of the state who request to be part of the study. Provides that at least one of the communities should be an urban area. Sets forth certain requirements for the Department of State Health Services (department) as a part of the study.

(c) Requires the department, in performing the study under Subsection (b), to consult with a variety of health care practitioners in medically underserved communities, including emergency medical service providers, physicians, rural hospitals, rural health clinics, and family planning clinics.

(d) Requires the department to seek the participation of, and consult with, representatives of each medically underserved community in the study to develop ways the community can improve the delivery of health care services.

(e) Requires, not later than January 1, 2007, the department to report the results of the study conducted under this section in writing to the lieutenant governor, the speaker of the house of representatives, and the members and members-elect of the 80th Legislature. Require the report to include any proposed legislation the department, through this study, determines will facilitate the improvement of the delivery of health care in medically underserved communities.

(f) Provides that this Act expires September 1, 2007.

SECTION 2. Effective date: September 1, 2005.

1-1 By: Madla S.B. No. 1001
 1-2 (In the Senate - Filed March 4, 2005; March 14, 2005, read
 1-3 first time and referred to Committee on Health and Human Services;
 1-4 April 6, 2005, reported adversely, with favorable Committee
 1-5 Substitute by the following vote: Yeas 9, Nays 0; April 6, 2005,
 1-6 sent to printer.)

1-7 COMMITTEE SUBSTITUTE FOR S.B. No. 1001 By: Armbrister

1-8 A BILL TO BE ENTITLED
 1-9 AN ACT

1-10 relating to the provision of health care in medically underserved
 1-11 communities.

1-12 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-13 SECTION 1. (a) In this Act, "medically underserved
 1-14 community" means a community that has been designated under state
 1-15 or federal law as a health professional shortage area.

1-16 (b) The statewide health coordinating council in
 1-17 conjunction with area health education centers shall study the
 1-18 health care delivery system in five geographically diverse
 1-19 medically underserved communities of the state who request to be
 1-20 part of the study. Four of the communities must be located in a
 1-21 county with a population of 50,000 or less. One of the communities
 1-22 must be located in an urban county. As part of the study the
 1-23 Department of State Health Services shall:

1-24 (1) identify the ways in which nonphysician health
 1-25 care providers are being used to supplement the provision of health
 1-26 care services in medically underserved communities;

1-27 (2) determine which medically underserved communities
 1-28 of the state have been successful and unsuccessful in recruiting
 1-29 and retaining physicians to practice in the community;

1-30 (3) identify the nonphysician health care providers
 1-31 who could, within the scope of the health care providers' license,
 1-32 certification, or registration, supplement the provision of health
 1-33 care services in medically underserved communities;

1-34 (4) examine whether alternative supervision of
 1-35 nonphysician health care providers or delivery of services by
 1-36 nonphysician health care providers in nontraditional settings
 1-37 would provide a benefit in the delivery of health care services in
 1-38 medically underserved communities;

1-39 (5) examine whether each community is medically
 1-40 underserved as a result of a shortage of providers, a shortage of
 1-41 appropriate health care facilities, or both; and

1-42 (6) evaluate the measures each medically underserved
 1-43 community has taken to resolve the health professional shortage in
 1-44 the community, determine whether those measures have been
 1-45 successful in reducing the shortage, and identify innovative
 1-46 solutions that should be replicated.

1-47 (c) In performing the study under Subsection (b) of this
 1-48 section, the Department of State Health Services shall consult with
 1-49 a variety of the health care practitioners in medically underserved
 1-50 communities, including emergency medical service providers,
 1-51 physicians, nonphysician health care providers, rural hospitals,
 1-52 rural health clinics, and family planning clinics.

1-53 (d) The Department of State Health Services shall seek the
 1-54 participation of, and consult with, representatives of each
 1-55 medically underserved community in the study to develop ways the
 1-56 community can improve the delivery of health care services.

1-57 (e) Not later than January 1, 2007, the Department of State
 1-58 Health Services shall report the results of the study conducted
 1-59 under this section in writing to the lieutenant governor, the
 1-60 speaker of the house of representatives, and the members and
 1-61 members-elect of the 80th Legislature. The report must include any
 1-62 proposed legislation the department, through this study,
 1-63 determines will facilitate the improvement of the delivery of

2-1 health care in medically underserved communities.
2-2 (f) This Act expires September 1, 2007.
2-3 SECTION 2. This Act takes effect September 1, 2005.

2-4 * * * * *

FAVORABLY AS SUBSTITUTED
SENATE COMMITTEE REPORT ON

SB SCR SJR SR HB HCR HJR 1001
By Macella
(Author/Senate Sponsor)
Apr 16, 2005
(date)

Sir:

We, your Committee on HEALTH AND HUMAN SERVICES, to which was referred the attached measure,
have on Apr 15, 2005, had the same under consideration and I am instructed to report it
(date of hearing)
back with the recommendation (s) that it:

- ☒ do pass as substituted, and be printed
☒ the caption remained the same as original measure
☐ the caption changed with adoption of the substitute
☐ do pass as substituted, and be ordered not printed
☐ and is recommended for placement on the Local and Uncontested Bills Calendar.

A fiscal note was requested. ☒ yes ☐ no

A revised fiscal note was requested. ☒ yes ☐ no

An actuarial analysis was requested. ☐ yes ☒ no

Considered by subcommittee. ☐ yes ☒ no

The measure was reported from Committee by the following vote:

	YEA	NAY	ABSENT	PNV
Senator Nelson, Chair	✓			
Senator Janek, Vice-Chair	✓			
Senator Armbrister	✓			
Senator Carona	✓			
Senator Deuell	✓			
Senator Gallegos	✓			
Senator Lindsay	✓			
Senator West	✓			
Senator Zaffirini	✓			
TOTAL VOTES	9	0	0	0

COMMITTEE ACTION

S260 Considered in public hearing
S270 Testimony taken

[Signature]
COMMITTEE CLERK

[Signature]
CHAIRMAN

Paper clip the original and one copy of this signed form to the original bill along with TWO copies of the Committee Substitute
Retain one copy of this form for Committee files

WITNESS LIST

SB 1001

SENATE COMMITTEE REPORT

Health & Human Services

April 5, 2005 - 9:00AM

Registering, but not testifying:

For: Kolodzey, Patricia Director, Insurance/Managed Care (Texas Hospital Association), Austin, TX
Pearson, David Vice President, Advocacy/Communications (Texas Organization of Rural and Community Hospitals), Austin, TX
Willmann, James Attorney (Texas Nurses Association), Austin, TX
Woolbert, Lynda Pediatric Nurse Practitioner (Coalition for Nurses in Advanced Practice), Austin, TX

On: Gunn, Bruce Manager (Health Progression Resource Center), Georgetown, TX
Shelton, Steve Administrator (East Texas Area Health Education Center/University of Texas Medical Branch), Galveston, TX

BILL ANALYSIS

Senate Research Center
79R11157 MCK-D

C.S.S.B. 1001
By: Madla
Health & Human Services
4/6/2005
Committee Report (Substituted)

AUTHOR'S/SPONSOR'S STATEMENT OF INTENT

Residents of medically underserved communities lack access to adequate healthcare. Lack of appropriate healthcare leads to increased severity of medical conditions and increased costs for medical treatment.

C.S.S.B. 1001 requires the Statewide Health Coordinating Council at the Department of State Health Services (DSHS), in conjunction with Area Health Education Centers (AHECs) to examine five willing and diverse communities. This effort is a one time project that requires DSHS to report potential legislation that will improve access to healthcare services in underserved communities.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. (a) Defines "medically underserved community."

(b) Requires the Statewide Health Coordinating Council in conjunction with area health education centers to study the health care delivery system in five geographically diverse medically underserved communities of the state who request to be part of the study. Requires four of the communities to be located in a county with a population of 50,000 or fewer. Requires one of the communities to be an urban area. Sets forth certain requirements for the Department of State Health Services (department) as a part of the study.

(c) Requires the department, in performing the study under Subsection (b), to consult with a variety of health care practitioners in medically underserved communities, including emergency medical service providers, physicians, non-physician health care providers, rural hospitals, rural health clinics, and family planning clinics.

(d) Requires the department to seek the participation of, and consult with, representatives of each medically underserved community in the study to develop ways the community can improve the delivery of health care services.

(e) Requires, not later than January 1, 2007, the department to report the results of the study conducted under this section in writing to the lieutenant governor, the speaker of the house of representatives, and the members and members-elect of the 80th Legislature. Requires the report to include any proposed legislation the department, through this study, determines will facilitate the improvement of the delivery of health care in medically underserved communities.

(f) Provides that this Act expires September 1, 2007.

SECTION 2. Effective date: September 1, 2005.

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 79TH LEGISLATIVE REGULAR SESSION

April 5, 2005

TO: Honorable Jane Nelson, Chair, Senate Committee on Health & Human Services

FROM: John S. O'Brien, Deputy Director, Legislative Budget Board

IN RE: **SB1001** by Madla (Relating to the provision of health care in medically underserved communities.), **Committee Report 1st House, Substituted**

No significant fiscal implication to the State is anticipated.

It is assumed that any costs the Department of State Health Services would incur in implementing the provisions of the bill would be absorbed within the agency's existing resources.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 537 Department of State Health Services

LBB Staff: JOB, CL, KF, RM

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 79TH LEGISLATIVE REGULAR SESSION

April 4, 2005

TO: Honorable Jane Nelson, Chair, Senate Committee on Health & Human Services

FROM: John S. O'Brien, Deputy Director, Legislative Budget Board

IN RE: SB1001 by Madla (Relating to the provision of health care in medically underserved communities.), **As Introduced**

Estimated Two-year Net Impact to General Revenue Related Funds for SB1001. As Introduced: a negative impact of (\$127,513) through the biennium ending August 31, 2007.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five-Year Impact:

Fiscal Year	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2006	(\$57,494)
2007	(\$70,019)
2008	\$0
2009	\$0
2010	\$0

All Funds, Five-Year Impact:

Fiscal Year	Probable Savings/(Cost) from <i>GENERAL REVENUE FUND</i> 1	Change in Number of State Employees from FY 2005
2006	(\$57,494)	1.0
2007	(\$70,019)	1.0
2008	\$0	0.0
2009	\$0	0.0
2010	\$0	0.0

Fiscal Analysis

The bill relates to the provision of health care in medically underserved communities. The bill would direct the Department of State Health Services (DSHS) to conduct a study on the health care delivery systems in five geographically diverse medically underserved communities in Texas, including at least one urban area, as prescribed in the bill. The bill would required DSHS to submit a report including the results of the study to the Lieutenant Governor, the Speaker of the House of Representatives, and members of the 80th Legislature by January 1, 2007. Upon enactment, the bill would take effect September 1, 2005. The bill would expire September 1, 2007.

Methodology

DSHS assumes that one additional full-time-equivalent position would be needed to collect data on physicians and non-physician providers, to meet with communities and providers concerning the current use of non-physician providers, and to write the report, as required in the bill's provisions. The estimated costs in FY 2006 would include \$43,787 for salary and benefits, \$3,780 for in-state travel, and \$2,273 for rent and utilities for 9 months, due to start-up phase. The estimated cost for other operating expenses would include \$6,333 for office furnishings and supplies, telephone, and postage. The estimated IT cost would total \$1,321. The total estimated cost in FY 2006 would be \$57,494.

In FY 2007, the estimated cost for salary and benefits would total \$58,383. Other estimated costs would include: \$5,040 for in-state travel, \$3,031 for rent and utilities, and \$2,747 for other operating costs. The estimated IT cost would total \$818. The total estimated cost for FY 2007 would be \$70,019.

Technology

Estimated cost for IT equipment would total \$1,321, under the agency's lease agreement, including \$1,071 for notebook computer and \$250 for portable printer for notebook.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 537 Department of State Health Services

LBB Staff: JOB, CL, PP, RM, KJG

ADOPTED

31-0
APR 12 2005

Atty. Gen.
Secretary of the Senate

By: Madla, Zaffirini

S.B. No. 1001

(Substitute the following for S.B. No. 1001 :

By: [Signature]

C.S. S.B. No. 1001

A BILL TO BE ENTITLED

AN ACT

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(2) determine which medically underserved communities of the state have been successful and unsuccessful in recruiting and retaining physicians to practice in the community;

(3) identify the nonphysician health care providers who could, within the scope of the health care providers' license, certification, or registration, supplement the provision of health

1 care services in medically underserved communities;

2 (4) examine whether alternative supervision of
3 nonphysician health care providers or delivery of services by
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5 would provide a benefit in the delivery of health care services in
6 medically underserved communities;

7 (5) examine whether each community is medically
8 underserved as a result of a shortage of providers, a shortage of
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11 community has taken to resolve the health professional shortage in
12 the community, determine whether those measures have been
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14 solutions that should be replicated.

15 (c) In performing the study under Subsection (b) of this
16 section, the Department of State Health Services shall consult with
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18 communities, including emergency medical service providers,
19 physicians, nonphysician health care providers, rural hospitals,
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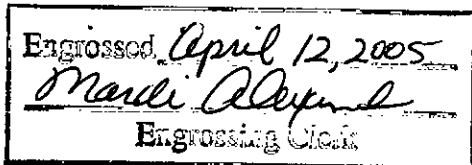
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24 delivery of health care services.

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26 Health Services shall report the results of the study conducted
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2 members-elect of the 80th Legislature. The report must include any
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5 health care in medically underserved communities.

6 (f) This Act expires September 1, 2007.

7 SECTION 2. This Act takes effect September 1, 2005.



I certify this to be a true and correct copy of the indicated document as referred or transmitted to committee.

Chief Clerk of the House

By: Madla, Zaffirini
(Hughes, Dukes)

S.B. No. 1001

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Austin, Texas

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Source Agencies: 537 Department of State Health Services

LBB Staff: JOB, CL, KF, RM

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 79TH LEGISLATIVE REGULAR SESSION

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HOUSE COMMITTEE REPORT

05 MAY 20 10:40 PM
HOUSE OF REPRESENTATIVES

1st Printing

By: Madla, Zaffirini
(Hughes, Dukes)

S.B. No. 1001

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2 members-elect of the 80th Legislature. The report must include any
3 proposed legislation the department, through this study,
4 determines will facilitate the improvement of the delivery of
5 health care in medically underserved communities.

6 (f) This Act expires September 1, 2007.

7 SECTION 2. This Act takes effect September 1, 2005.

COMMITTEE REPORT

The Honorable Tom Craddick
Speaker of the House of Representatives

5-18-05
(date)

Sir:

We, your COMMITTEE ON PUBLIC HEALTH

to whom was referred SB 1001 have had the same under consideration and beg to report back with the recommendation that it

- (☒) do pass, without amendment.
- (☐) do pass, with amendment(s).
- (☐) do pass and be not printed; a Complete Committee Substitute is recommended in lieu of the original measure.
- (☐) yes (☒) no A fiscal note was requested.
- (☐) yes (☒) no A criminal justice policy impact statement was requested.
- (☐) yes (☒) no An equalized educational funding impact statement was requested.
- (☐) yes (☒) no An actuarial analysis was requested.
- (☐) yes (☒) no A water development policy impact statement was requested.
- (☐) yes (☒) no A tax equity note was requested.
- (☒) The Committee recommends that this measure be sent to the Committee on Local and Consent Calendars.

For Senate Measures: House Sponsor Hughes

Joint Sponsors: Dukes / / /

Co-Sponsors: _____

The measure was reported from Committee by the following vote:

	AYE	NAY	PNV	ABSENT
Delisi, Chair	<input checked="" type="checkbox"/>			
Laubenberg, Vice-chair	<input checked="" type="checkbox"/>			
Coleman				<input checked="" type="checkbox"/>
Dawson	<input checked="" type="checkbox"/>			
Jackson	<input checked="" type="checkbox"/>			
McReynolds	<input checked="" type="checkbox"/>			
Solis	<input checked="" type="checkbox"/>			
Truitt				<input checked="" type="checkbox"/>
Zedler	<input checked="" type="checkbox"/>			

Total
7 aye
0 nay
0 present, not voting
2 absent

Delisi
CHAIR

BILL ANALYSIS

S.B. 1001
By: Madla
Public Health
Committee Report (Unamended)

BACKGROUND AND PURPOSE

Residents of medically underserved communities lack access to adequate healthcare. Lack of appropriate healthcare leads to increased severity of medical conditions and increased costs for medical treatment.

S.B. 1001 requires the Statewide Health Coordinating Council at the Department of State Health Services (DSHS), in conjunction with Area Health Education Centers (AHECs) to examine five willing and diverse communities. This effort is a one time project that requires DSHS to report potential legislation that will improve access to healthcare services in underserved communities.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

The bill defines "medically underserved community" and requires the Statewide Health Coordinating Council in conjunction with area health education centers to study the health care delivery system in five geographically diverse medically underserved communities of the state who request to be part of the study. Requires four of the communities to be located in a county with a population of 50,000 or fewer. Requires one of the communities to be an urban area. Sets forth certain requirements for the Department of State Health Services (department) as a part of the study regarding services provided by nonphysician health care providers, reasons communities are medically underserved as well as those that have successfully retained physicians. In addition, the department's study is required to identify nonphysician health care providers who could supplement health care services in medically underserved communities, examine if delivery of services by nonphysician health care providers in nontraditional settings would benefit medically underserved communities, and evaluate measures medically underserved communities have taken to resolve the health professional shortage.

The bill requires the department, in performing the study, to consult with a variety of health care practitioners in medically underserved communities, including emergency medical service providers, physicians, non-physician health care providers, rural hospitals, rural health clinics, and family planning clinics.

The bill requires the department to seek the participation of, and consult with, representatives of each medically underserved community in the study to develop ways the community can improve the delivery of health care services.

The bill requires, not later than January 1, 2007, the department to report the results of the study conducted under this section in writing to the lieutenant governor, the speaker of the house of representatives, and the members and members-elect of the 80th Legislature. Requires the report to include any proposed legislation the department, through this study, determines will facilitate the improvement of the delivery of health care in medically underserved communities.

EFFECTIVE DATE

September 1, 2005.

S.B. 1001 79(R)

|

SUMMARY OF COMMITTEE ACTION

SB 1001

May 18, 2005 2:00PM or upon final adjourn./recess

Considered in public hearing

Recommended to be sent to Local & Consent

Reported favorably without amendment(s)

1

2

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 79TH LEGISLATIVE REGULAR SESSION

April 5, 2005

TO: Honorable Jane Nelson, Chair, Senate Committee on Health & Human Services

FROM: John S. O'Brien, Deputy Director, Legislative Budget Board

IN RE: SB1001 by Madla (Relating to the provision of health care in medically underserved communities.), Committee Report 1st House, Substituted

No significant fiscal implication to the State is anticipated.

It is assumed that any costs the Department of State Health Services would incur in implementing the provisions of the bill would be absorbed within the agency's existing resources.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 537 Department of State Health Services

LBB Staff: JOB, CL, KF, RM

LEGISLATIVE BUDGET BOARD

Austin, Texas

FISCAL NOTE, 79TH LEGISLATIVE REGULAR SESSION

April 4, 2005

TO: Honorable Jane Nelson, Chair, Senate Committee on Health & Human Services

FROM: John S. O'Brien, Deputy Director, Legislative Budget Board

IN RE: SB1001 by Madla (Relating to the provision of health care in medically underserved communities.), As Introduced

Estimated Two-year Net Impact to General Revenue Related Funds for SB1001. As Introduced: a negative impact of (\$127,513) through the biennium ending August 31, 2007.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five-Year Impact:

Fiscal Year	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2006	(\$57,494)
2007	(\$70,019)
2008	\$0
2009	\$0
2010	\$0

All Funds, Five-Year Impact:

Fiscal Year	Probable Savings/(Cost) from GENERAL REVENUE FUND 1	Change in Number of State Employees from FY 2005
2006	(\$57,494)	1.0
2007	(\$70,019)	1.0
2008	\$0	0.0
2009	\$0	0.0
2010	\$0	0.0

Fiscal Analysis

The bill relates to the provision of health care in medically underserved communities. The bill would direct the Department of State Health Services (DSHS) to conduct a study on the health care delivery systems in five geographically diverse medically underserved communities in Texas, including at least one urban area, as prescribed in the bill. The bill would required DSHS to submit a report including the results of the study to the Lieutenant Governor, the Speaker of the House of Representatives, and members of the 80th Legislature by January 1, 2007. Upon enactment, the bill would take effect September 1, 2005. The bill would expire September 1, 2007.

Methodology

DSHS assumes that one additional full-time-equivalent position would be needed to collect data on physicians and non-physician providers, to meet with communities and providers concerning the current use of non-physician providers, and to write the report, as required in the bill's provisions. The estimated costs in FY 2006 would include \$43,787 for salary and benefits, \$3,780 for in-state travel, and \$2,273 for rent and utilities for 9 months, due to start-up phase. The estimated cost for other operating expenses would include \$6,333 for office furnishings and supplies, telephone, and postage. The estimated IT cost would total \$1,321. The total estimated cost in FY 2006 would be \$57,494.

In FY 2007, the estimated cost for salary and benefits would total \$58,383. Other estimated costs would include: \$5,040 for in-state travel, \$3,031 for rent and utilities, and \$2,747 for other operating costs. The estimated IT cost would total \$818. The total estimated cost for FY 2007 would be \$70,019.

Technology

Estimated cost for IT equipment would total \$1,321, under the agency's lease agreement, including \$1,071 for notebook computer and \$250 for portable printer for notebook.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 537 Department of State Health Services

LBB Staff: JOB, CL, PP, RM, KJG

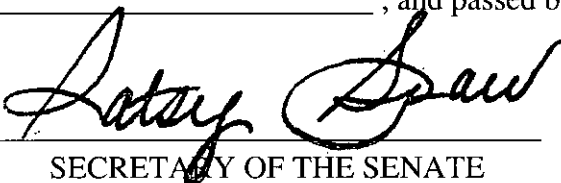
S.B. No. 1001

By Madda

A BILL TO BE ENTITLED

AN ACT:

relating to the provision of health care in medically underserved communities.

MAR 04 2005 Filed with the Secretary of the Senate **HEALTH & HUMAN SERVICES**
MAR 14 2005 Read and referred to Committee on _____
Reported favorably _____
APR 06 2005 Reported adversely, with favorable Committee Substitute; Committee Substitute read first time.
Ordered not printed
Laid before the Senate
APR 12 2005 Senate and Constitutional Rules to permit consideration suspended by: { unanimous consent
_____ yeas, _____ nays
APR 12 2005 Read second time, _____, and ordered engrossed by: { unanimous consent
a viva voce vote
_____ yeas, _____ nays
APR 12 2005 Senate and Constitutional 3 Day Rule suspended by a vote of 30 yeas, 1 nays.
APR 12 2005 Read third time, _____, and passed by: { A viva voce vote
31 yeas, 0 nays

SECRETARY OF THE SENATE

OTHER ACTION:

April 12, 2005 Engrossed
Sent to House
MAY 23 2005 Transferred to the
Calendars Committee
Engrossing Clerk Maddi R. Ruffalo
MAY 24 2005 Sent to the Calendars
Committee
APR 13 2005 Received from the Senate
APR 14 2005 Read first time and referred to Committee on Public Health
MAY 18 2005 Reported _____ favorably (~~as amended~~) (~~substitute~~)
MAY 21 2005 Sent to Committee on (~~Calendars~~) (Local & Consent Calendars)
Read second time (comm. subst.) (amended); passed to third reading (failed) by a (non-record vote)
(record vote of _____ yeas, _____ nays, _____ present, not voting)
Constitutional rule requiring bills to be read on three several days suspended (failed to suspend)
by a vote of _____ yeas, _____ nays, _____ present, not voting.
Read third time (amended); finally passed (failed to pass) by a (non-record vote)
(record vote of _____ yeas, _____ nays, _____ present, not voting)
Returned to Senate.
Returned from House without amendment.
Returned from House with _____ amendments.
Concurred in House amendments by a viva voce vote _____ yeas, _____ nays.

CHIEF CLERK OF THE HOUSE

_____ Refused to concur in House amendments and requested the appointment of a Conference Committee to adjust the differences.

_____ Senate conferees instructed.

_____ Senate conferees appointed: _____, Chairman; _____
_____, _____, and _____

_____ House granted Senate request. House conferees appointed: _____, Chairman;
_____, _____, _____

_____ Conference Committee Report read and filed with the Secretary of the Senate.

_____ Conference Committee Report adopted on the part of the House by: _____

{ a viva voce vote
_____ yeas, _____ nays

_____ Conference Committee Report adopted on the part of the Senate by:

{ a viva voce vote
_____ yeas, _____ nays

OTHER ACTION:

_____ Recommitted to Conference Committee

_____ Conferees discharged.

_____ Conference Committee Report failed of adoption by: _____

{ a viva voce vote
_____ yeas, _____ nays

05 MAY 20 PM 10:40
HOUSE OF REPRESENTATIVES